FOR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001) REPORT
- Friends of Jim Lykan	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #
(1)Statewide(Legislative Candidate) (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	Audited
CANDIDATE COMMITTEES ONLY:	
Candidate Name Political Party Demo Crat	2 5 8
Office Sought State Representative  Demo Crat District (if Senate of House)	2010 OC
Ballus Bukan (563) 391-191 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	19 10/279/10 DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	1 \$20 to \$800 S
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	<b>5</b>
IAM FILING A October 29, 2010 REPORT FOR AN/A (1) ELECTION	ON /(2)NON-ELECTION YEAR.
(report date) Indicat	e one 🖊
CHECK IF AMENDMENT TO REPORT DATED Local	Committees, enter Date of Election
	nty & Local Committees, enter County in the Election is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s 4, 214.88
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,900.00
Schedule F: Loans Received total (Attach Schedule F)	,
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	2,056,32
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below	) <u>2,036.32.</u>
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must	4158 51
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	s <u>7,038.36</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	_
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES X_NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	,

FORM

(Including candidate's personal fi	unds)		CHECK THIS BO	X IF
COMMITTEE NAME (Must be same	as on Statement of Organization)		AMENDING FOR	
Friends of	Jim Ly Kam	<u> </u>	<del></del>	
STATE CANDIDATES NOTE: IF A CONTRIVUMBER AND THE PAC CHECK NUMBER IN DISCLOSURE BOARD.	EIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION C ITHE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABI	OMMITTEE), LIST THE P. LE FROM THE IOWA ET?	AC IDENTIFICATION HIÇS AND CAMPAIGI	N ·
CAUTION: Section 68B.32A(6), lowa for any commercial purpose by any pe	Code, prohibits the use of information copied from reports a reson other than statutory political committees.	and statements for so	liciting contributio	ns or
DATE PAC ID NUMBER RECEIVED (if applicable) (MM/DDYR) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/10 CK# 1127	Towa Beverage association 4201 W. Town Pkwy Ste 25. West Des Moines, In 50366	an o	\$ 350,00	
10/ 18/10 CK#	Gary Reicherts 4221 Shadow Ave. Osaae, Ia 50461		250.00	
10/8/10 CK#	Beverly Yates 21767 Juniper Rd. Underwood, In 51576		50.00	
10/21/10 CK# 1140	Midwest PAC 1636 NW 114th St. Clive, Ta 50325		100.00	
10/ 10# CK#	Steven Cummings 23468 Northfield Rd. Media Dolis Ia 52637		100.00	
10/21/10 CK#23203	Wal-PAC- For Responsible ( 762 5w 8th St. Benton ville, AR 727/6-01		500.00	
10/ 123/10 CK# 1055	Educational Opportunities - P.O. Box 12039 Des Noines Ia 503/2		150.00	
10/ 10# 6264 123/10 CK# 1069	Jowa Hutomotive Recyclers 55 W: 32nd St. Dubugue, Ia 52001-115		500.00	
ID# CK#	0			
ID#				
CK#				
		SUB-TOTAL	\$1900.00	×
	TOTAL (if last page	ge of this schedule		
	mittees to disclose the relationship of any relative making a contrib to the third degree of consanguinity (blood relatives) and affinity ( . If surname of contributor is the same as candidate, but there ble" in the relationship column.	teratives by	age of	/ / A)

CONTRIBUTIONS - MONEY TAKEN IN

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

AMENDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		<del></del>
F	riends	of Jim Lykan	n	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/10	ID# CK#/638	Postmoter 933 W. 2nd St. Daversort, In 52801	Mail reports to Jour Ethics and Disclosure:	\$6.32
10/	CK#/629	Trumin Fund 5661 Fleur Dr. Des Moins, Ja 50321	Contribution	2,000.00
10/22/10	CK#/630	State Farm Insurance P.O. BOX 680001 Dallas, TX 75368-00	computer	50.00
	ID#			
	ID# CK#			
<u> </u>			SUB-TOTAL  TOTAL (if last page of this schedule)	\$2,056.32 \$2,056.32

THIS BOX APPLIES	TO CANDIDATES'	COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(I).)

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